

State of Montana
Department of Labor & Industry



Employment Relations Division

WC Regulation Bureau
Insurance Compliance

To: ALL Plan 1 (Self-Insured Employers), Plan 2 (Workers' Compensation Insurance Carriers), and Plan 3 (Montana State Fund)

Subject: Annual Workers' Compensation Expenditure Report
Due Date: March 1st Annually

It is required that Plan 1 (Self-Insured Employers), Plan 2 (Workers' Compensation Insurance Carriers), and Plan 3 (Montana State Fund) to file an annual report of paid losses including annual compensation and medical benefits paid (39-71-201, MCA). The report must be filed and signed by the Self-Insured Employer or the Insurance Carrier. These amounts will be used in the computation of the Department's workers' compensation assessments and surcharge rates. Miscellaneous amounts must be reported but they are not taxable for assessment purposes.

The annual reconciliation worksheet is a summary of the Quarterly Expenditure Reports (QER's) filed with our office. These figures were reported on the QER's sent to us from your TPA or your other reporting offices. Please double-check these figures for accuracy. If you determine a discrepancy exists between your annual amount and the QER's, please contact your reporting office and have them file an amended QER report for that quarter and attach it to the annual report.

The annual amounts on compensation and medical will be used for the Department's workers' compensation assessments. No changes to these figures will be accepted after the assessment billings, scheduled for May. The amounts reported on this form are considered final for assessment purposes. The annual report is due in our office on or before March 1st.

NOTE: The report must be filed and signed by the Self-insured Employer or the Insurance Carrier. The annual report is due in our office on or before March 1st. Failure to return this form by March 1st may result in penalty of \$1,000.

Thank you for your cooperation and understanding.

Sincerely,

Jeff Lapham, Program Specialist
Workers' Compensation Regulation Bureau
Phone: (406) 444-0051

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